

**PETITION FOR EXTENSION OF TIME
UNDER 37 CFR 1.136(a)**

FY 2009

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number	10/568,761	Filing Date	February 21, 2006
For	PREVENTIVE OR REMEDY FOR INFLAMMATORY BOWEL DISEASES CONTAINING ANTI-CD81 ANTIBODY AS THE ACTIVE INGREDIENT		
Art Unit	1644	Examiner Name	HADDAD, MAHER M

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130.00	\$65.00
<input checked="" type="checkbox"/> Two month (37 CFR 1.17(a)(2))	\$490.00	\$245.00
<input type="checkbox"/> Three month (37 CFR 1.17(a)(3))	\$1110.00	\$555.00
<input type="checkbox"/> Four month (37 CFR 1.17(a)(4))	\$1730.00	\$865.00
<input type="checkbox"/> Five month (37 CFR 1.17(a)(5))	\$2350.00	\$1175.00
<input type="checkbox"/> Previous Payment Amount	Date Submitted _____	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		
<input type="checkbox"/> A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/> Payment by credit card.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, except for the Issue Fee and the Publication Fee , or credit any overpayment, to Deposit Account Number 19-4880.		

I am the

<input type="checkbox"/>	applicant/inventor
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>64,740</u>
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34.
<input type="checkbox"/>	Registration number if acting under 37 CFR 1.34

WASHINGTON OFFICE

23373

CUSTOMER NUMBER

/Alan C. Townsley/ Signature	March 16, 2011 Date
Alan C. Townsley, Ph.D. Typed or printed name	(202) 293-7060 Telephone Number
Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.	